



Your business  
is our business.

REDACTED – FOR PUBLIC INSPECTION

7852 Walker Drive, Suite 200  
Greenbelt, Maryland 20770  
phone: 301-459-7590, fax: 301-577-5575  
internet: [www.jsitel.com](http://www.jsitel.com), e-mail: [jsi@jsitel.com](mailto:jsi@jsitel.com)

October 11, 2013

**By Hand Delivery**

Marlene H. Dortch, Secretary  
Federal Communications Commission  
Office of the Secretary  
445 12<sup>th</sup> Street, SW  
Washington, DC 20554

**Re: WC Docket No. 10-90, WC Docket No. 11-42  
2013 ETC Annual Report of Wood County Telephone Company  
Study Area Code 330974**

Dear Ms. Dortch:

On behalf of Wood County Telephone Company “Wood County”, JSI files the attached confidential and redacted versions of the FCC Form 481 ETC annual reporting information pursuant to sections 54.313 and 54.422 of the Commission’s rules.<sup>1</sup> Wood County seeks confidential treatment under Protective Order for section 54.313(f)(2) financial information.<sup>2</sup> The redacted version is also being filed this date via the FCC’s Electronic Comment Filing System.

Please direct any questions regarding the filing to the undersigned.

Sincerely,

John Kuykendall  
JSI Vice President  
301-459-7590  
[jkuykendall@jsitel.com](mailto:jkuykendall@jsitel.com)

cc: Charles Tyler, Telecommunications Access Policy Division (two copies, confidential)

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<sup>1</sup> 47 C.F.R. §§ 54.313, 54.422.

<sup>2</sup> *Connect America Fund et al.*, WC Docket No. 10-90 *et al.*, Protective Order, DA 12-1857 rel. Nov. 16, 2012 (Protective Order). 47 C.F.R. § 54.313(f)(2).

<b>FCC Form 481 - Carrier Annual Reporting</b> <b>Data Collection Form</b>	<b>FCC Form 481</b> <b>OMB Control No. 3060-0986/OMB Control No. 3060-0819</b> <b>July 2013</b>
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<010> Study Area Code	330974
<015> Study Area Name	WOOD COUNTY TEL CO
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Greg Krings
<035> Contact Telephone Number: Number of the person identified in data line <030>	7154218129
<039> Contact Email Address: Email of the person identified in data line <030>	krings@solarus.biz

ANNUAL REPORTING FOR ALL CARRIERS	54.313 Completion Required	54.422 Completion Required
<100> Service Quality Improvement Reporting <span style="float: right;">(complete attached worksheet)</span>	<input type="checkbox"/>	<input type="checkbox"/>
<200> Outage Reporting (voice) <span style="float: right;">(complete attached worksheet)</span>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report		
<300> Unfulfilled Service Requests (voice) <span style="float: right;">(attach descriptive document)</span>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<310> Detail on Attempts (voice)	<input type="checkbox"/>	<input type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	<input type="checkbox"/>	<input type="checkbox"/>
<330> Detail on Attempts (broadband) <span style="float: right;">(attach descriptive document)</span>	<input type="checkbox"/>	<input type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed <span style="float: right;">0.0</span>		
<420> Mobile		
<430> Number of Complaints per 1,000 customers (broadband)	<input type="checkbox"/>	<input type="checkbox"/>
<440> Fixed		
<450> Mobile		
<500> Service Quality Standards & Consumer Protection Rules Compliance <span style="float: right;">(check to indicate certification)</span>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> 330974wi510 <span style="float: right;">(attached descriptive document)</span>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations <span style="float: right;">(check to indicate certification)</span>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> 330974wi610 <span style="float: right;">(attached descriptive document)</span>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice) <span style="float: right;">(complete attached worksheet)</span>	<input type="checkbox"/>	<input type="checkbox"/>
<710> Company Price Offerings (broadband) <span style="float: right;">(complete attached worksheet)</span>	<input type="checkbox"/>	<input type="checkbox"/>
<800> Operating Companies and Affiliates <span style="float: right;">(complete attached worksheet)</span>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <span style="float: right;">(if yes, complete attached worksheet)</span>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1000> Voice Services Rate Comparability <span style="float: right;">(check to indicate certification)</span>	<input type="checkbox"/>	<input type="checkbox"/>
<1010> <span style="float: right;">(attach descriptive document)</span>	<input type="checkbox"/>	<input type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)? <span style="float: right;">(if not, check to indicate certification)</span>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1110> <span style="float: right;">(complete attached worksheet)</span>	<input type="checkbox"/>	<input type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers <span style="float: right;">(complete attached worksheet)</span>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet**

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>

**Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet**

<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>

**(100) Service Quality Improvement Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	330974
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<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Greg Krings
<035>	Contact Telephone Number - Number of person identified in data line <030>	7154218129
<039>	Contact Email Address - Email Address of person identified in data line <030>	krings@solarus.biz
<110>	Has your company received its ETC certification from the FCC?	(yes / no ) <input type="radio"/> <input checked="" type="radio"/>
	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5	
<111>	year plan" filed with the FCC?	(yes / no ) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113> Maps detailing progress towards meeting plan targets  
 <114> Report how much universal service (USF) support was received  
 <115> How (USF) was used to improve service quality  
 <116> How (USF) was used to improve service coverage  
 <117> How (USF) was used to improve service capacity  
 <118> Provide an explanation of network improvement targets not met in the prior calendar year.

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

[illegible]



<010>	Study Area Code	330974
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<039>	Contact Email Address - Email Address of person identified in data line <030>	krings@solarus.biz

10/11/2013

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	330974
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<035>	Contact Telephone Number - Number of person identified in data line <030>	7154218129
<039>	Contact Email Address - Email Address of person identified in data line <030>	krings@solarus.biz
<810>	Reporting Carrier	Wood County Telephone Company dba Solarus
<811>	Holding Company	Wood County Telephone Company dba Solarus
<812>	Operating Company	Wood County Telephone Company dba Solarus

[illegible]

<b>(900) Tribal Lands Reporting Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	330974
<015>	Study Area Name	WOOD COUNTY TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Greg Krings
<035>	Contact Telephone Number - Number of person identified in data line <030>	7154218129
<039>	Contact Email Address - Email Address of person identified in data line <030>	krings@solarus.biz

<910> Tribal Land(s) on which ETC Serves Ho Chunk Nation

<920> Tribal Government Engagement Obligation

330974wi920

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes,No, NA)
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes



**(1100) No Terrestrial Backhaul Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	krings@solarus.biz

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G) ☐

<b>(1200) Terms and Condition for Lifeline Customers</b> <b>Lifeline</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	330974
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<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Greg Krings
<035>	Contact Telephone Number - Number of person identified in data line <030>	7154218129
<039>	Contact Email Address - Email Address of person identified in data line <030>	krings@solarus.biz

<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	330974wil210 Name of attached document (.pdf)
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<1220>	Link to Public Website	HTTP
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“Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	<input checked="" type="checkbox"/>
<1222>	Details on the number of minutes provided as part of the plan,	<input checked="" type="checkbox"/>
<1223>	Additional charges for toll calls, and rates for each such plan.	<input checked="" type="checkbox"/>

**(2000) Price Cap Carrier Additional Documentation**

**Data Collection Form**

*Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	krings@solarus.biz

**CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.**

**Incremental Connect America Phase I reporting**

- <2010> 2nd Year Certification {47 CFR § 54.313(b)(1)}
- <2011> 3rd Year Certification {47 CFR § 54.313(b)(2)}


**Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}**

- <2012> 2013 Frozen Support Certification
- <2013> 2014 Frozen Support Certification
- <2014> 2015 Frozen Support Certification
- <2015> 2016 and future Frozen Support Certification


**Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}**

- <2016> Certification Support Used to Build Broadband

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**Connect America Phase II Reporting {47 CFR § 54.313(e)}**

- <2017> 3rd year Broadband Service Certification
- <2018> 5th year Broadband Service Certification
- <2019> Interim Progress Certification
- <2020> Please check the box to confirm that the attached PDF , on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.
- <2021> Interim Progress Community Anchor Institutions


Name of Attached Document Listing Required Information

\_\_\_\_\_

**(3000) Rate Of Return Carrier Additional Documentation**

FCC Form 481

**Data Collection Form**

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	krings@solarus.biz

**CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.**

**Progress Report on 5 Year Plan**

<p>(3010) Milestone Certification {47 CFR § 54.313(f)(1)(i)} Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.</p>	<p>Name of Attached Document Listing Required Information</p>	<p><input type="checkbox"/></p>
<p>(3012) Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)} (3013) Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)} (3014) If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:</p>	<p>Name of Attached Document Listing Required Information</p>	<p><input checked="" type="checkbox"/> (Yes/No) <input type="checkbox"/> (Yes/No)</p>
<p>(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)</p>		<p><input type="checkbox"/></p>
<p>(3016) PDF of Balance Sheet, Income Statement and Statement of Cash Flows</p>		<p><input type="checkbox"/></p>
<p>(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation</p>	<p>Name of Attached Document Listing Required Information</p>	
<p>(3018) If the response is no on line 3014, Is your company audited?  If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:</p>		<p><input checked="" type="checkbox"/> (Yes/No)</p>
<p>(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications</p>		<p><input checked="" type="checkbox"/></p>
<p>(3020) PDF of Balance Sheet, Income Statement and Statement of Cash Flows</p>		<p><input checked="" type="checkbox"/></p>
<p>(3021) Management letter issued by the independent certified public accountant that performed the company's financial audit.  If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:</p>		<p><input checked="" type="checkbox"/></p>
<p>(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,</p>		<p><input type="checkbox"/></p>
<p>(3023) Underlying information subjected to a review by an independent certified public accountant</p>		<p><input type="checkbox"/></p>
<p>(3024) Underlying information subjected to an officer certification.</p>		<p><input type="checkbox"/></p>
<p>(3025) PDF of Balance Sheet, Income Statement and Statement of Cash Flows</p>		<p><input type="checkbox"/></p>
<p>(3026) Attach the worksheet listing required information</p>	<p>Name of Attached Document Listing Required Information</p>	<p>330974wi3026</p>

<b>Certification - Reporting Carrier Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	330974
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<020> Program Year	2014
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<035> Contact Telephone Number - Number of person identified in data line <030>	7154218129
<039> Contact Email Address - Email Address of person identified in data line <030>	krings@solarus.biz

**TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:**

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

<b>Certification - Agent / Carrier</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010> Study Area Code	330974
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<030> Contact Name - Person USAC should contact regarding this data	Greg Krings
<035> Contact Telephone Number - Number of person identified in data line <030>	7154218129
<039> Contact Email Address - Email Address of person identified in data line <030>	krings@solarus.biz

**TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:**

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>John Staurulakis, Inc.</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	John Staurulakis, Inc.
Name of Reporting Carrier:	WOOD COUNTY TEL CO
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 10/11/2013
Printed name of Authorized Officer:	Gregory Krings
Title or position of Authorized Officer:	Assistant Secretary / Treasurer
Telephone number of Authorized Officer:	715-421-8129
Study Area Code of Reporting Carrier:	330974 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**TO BE COMPLETED BY THE AUTHORIZED AGENT:**

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	WOOD COUNTY TEL CO
Name of Authorized Agent or Employee of Agent:	John Staurulakis, Inc
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 10/11/2013
Printed name of Authorized Agent or Employee of Agent:	Cassandra Heyne
Title or position of Authorized Agent or Employee of Agent	Senior Analyst
Telephone number of Authorized Agent or Employee of Agent:	3014597590
Study Area Code of Reporting Carrier:	330974 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

## Attachments

(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	330974
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<039>	Contact Email Address - Email Address of person identified in data line <030>	krings@solarus.biz
<810>	Reporting Carrier	Wood County Telephone Company dba Solarus
<811>	Holding Company	Wood County Telephone Company dba Solarus
<812>	Operating Company	Wood County Telephone Company dba Solarus

[illegible]



**FCC Form 481 – Line 510 Service Quality Certification Description**

**SAC:** 330974  
**State:** WI  
**Name:** Wood County Telephone Company  
**Submission:** 10/15/2013

47 CFR §54.313(a)(5) requires an ETC to certify that it complies with applicable service quality standards and consumer protection rules.

Wood County Telephone Company complies with applicable service quality standards for telecommunications providers in the Wisconsin State Statutes (§§100.207 and .208) regulating, advertising, sales and collections practices, and as applicable, those of the Public Service Commission of Wisconsin in the Wisconsin Administrative Code (*Ch. PSC 165*), regarding Standards for Telecommunications Service.

Wood County Telephone Company complies with consumer protection requirements including those found in federal Customer Proprietary Network Information (*CPNI; WC Docket No. 04-36*), those of the Wisconsin Department of Agriculture, Trade and Consumer Protection (*Ch. ATC 123*) covering appropriate subscription and billing practices and (*Ch. ATC 127*) covering appropriate direct marketing practices.

Wood County Telephone Company certifies it has complied with these requirements and will continue to comply with these requirements.

**FCC Form 481 – Line 610 Ability To Remain Functional In An Emergency Description**

**SAC:** 330974  
**State:** WI  
**Name:** Wood County Telephone Company  
**Submission:** 10/15/2013

47 CFR §54.313(a)(6) requires an ETC to certify that it is able to function in emergency situation as set forth in 47 CFR §54.202 (a)(2).

Wood County Telephone Company complies with relevant sections of the Wisconsin Administrative Code, Standards for Telecommunications Service (*Ch. PSC 165.065(1), and (2)*) requiring that it make reasonable provision to meet emergencies resulting from national security requirements, failures of lighting or power service, sudden and prolonged increases in traffic, illness of personnel, or from fire, storm, or similar emergencies.

The company has maintained reasonably adequate provisions for emergency power in response to emergency situations, and performed weekly tests of its back-up power capabilities.

Wood County Telephone Company certifies it has complied with, and will continue to comply with applicable requirements regarding its ability to remain functional in an emergency situation as set forth in 47 CFR §54.202 (a)(2).

**FCC Form 481 – Line 920 Description of Tribal Engagement Activities**

**SAC:** 330974  
**State:** WI  
**Name:** Wood County Telephone Company  
**Submission:** 10/15/2013

47 CFR §54.313(a)(9) requires a recipient, to the extent it serves Tribal lands, document or provide information demonstrating that the ETC had discussions with Tribal governments.

The Ho Chunk Nation occupies 92 acres of property within the Study Area. Lifeline service is advertised and available, with no current Tribal subscribers. Broadband is available throughout these Tribal Lands, which include a casino, a wellness office, a convenience store/gas station, and some residential subscribers within a single rate center in the Company's Study Area. The company already has a sales and service relationship with the Tribe, based on a needs assessment of its community anchor institutions.

A request for Tribal Engagement discussions was made by the company and was followed by additional attempts to identify suitable representatives for these discussions. Ho Chunk tribal representatives were identified and an initial engagement discussion included these agenda items:

- Exchange of contact information and roles, for the development of a continuing liaison between the Ho Chunk and the company.
- Confirmation that Lifeline services remain available, and the preferred pathway for prospective application materials will be through the Tribe's Director of Social Services; Recent changes to the FCC's federal Lifeline Plus and Link-Up Plus programs were covered, as well as the FCC's limitations of one benefit per home unit.
- It is believed that products and services are being marketed in a culturally sensitive manner, at least in recent years. Any future issues that surface will be immediately communicated, and then brought back to this group.
- Recent service expansions were noted, and no sites or neighborhoods are known to be in need of improved communications facilities or capabilities at this time. Because voice and broadband data services are widely available, Ho Chunk representatives now have contacts in the event any concerns develop, and will bring any issues to this group.
- There have been no Right-of-Way, licensing or other regulatory compliance issues in recent years. The Ho Chunk opened up a communications pathway through their Historic Preservation Office for the purpose of identifying any future environmental or land use issues the Tribe has. These will be along the same lines as issues managed between tribal branches and state government. Any developing issues of concerns will be reported directly to the company, if they arise.
- Ho Chunk representatives were appreciative that communications service contracts now include sovereignty language. These are required by the Tribe. There are no contractual issues needing attention at this time.

  
**Solarus**

Mailed ON

10-11-12

Return Receipt  
Requested

October 11, 2012

Jon Greendeer, President  
Ho-Chunk Nation  
P.O. Box 667  
Black River Falls, WI 54616

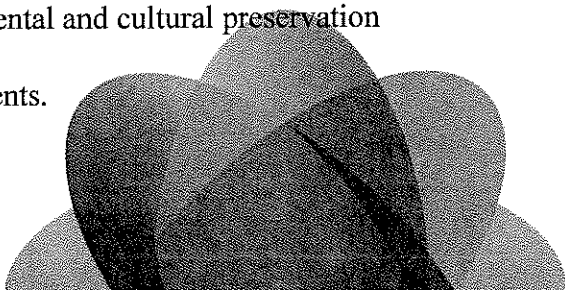
440 East Grand Avenue  
Post Office Box 8045  
Wisconsin Rapids  
Wisconsin 54495-8045  
p 715 421-8111  
f 715 421-6081  
www.solarus.net

Dear Jon Greendeer:

Solarus, an independent telecommunications provider serving the Wisconsin Rapids area, wishes to engage with the Ho-Chunk Nation Tribal government about some potential opportunities for broadband expansion on Tribally-owned lands within our service area. Solarus has been providing telecommunications and broadband services to Ho-Chunk Gaming and other residential customer located in the Ho-Chunk Nation, and we are interested in learning about any additional telecommunications needs that your community may have.

In November 2011, the Federal Communications Commission (FCC) comprehensively reformed the Universal Service Fund (USF) which helps companies like Solarus provide state-of-the-art communications services in high-cost and rural areas. Among the reforms, the FCC adopted a rule requiring Eligible Telecommunications Carriers who receive high-cost USF support to engage with Tribal leaders about broadband deployment on Tribally-owned lands and report annually on five specific outreach activities. In July 2012, the FCC's Office of Native Affairs Policy (ONAP) issued specific guidance on outreach and engagement activities between telecommunications providers and Tribal governments. These initial outreach and engagement activities must take place by the end of 2012.

Given our history of providing telecommunications services to your community, Solarus is pleased to invite you and other leaders from the Ho-Chunk Nation government to discuss additional ways that we can meet your telecommunications and broadband needs. Specifically, Solarus would like to discuss the following items:

- Needs assessment and deployment planning focused on anchor institutions (such as schools, libraries and health centers);
  - Feasibility and sustainability planning;
  - Marketing services in a culturally sensitive manner;
  - Rights of way, permitting, facilities siting, environmental and cultural preservation processes;
  - Compliance with Tribal business licensing requirements.
- 

Solarus is interested in learning whether your community has any specific broadband needs that our company may be able to meet, depending on the scope and scale of the project. Are there any needs such as distance learning or tele-medicine that Solarus could help facilitate? We also want to make sure that we continue to respect your cultural heritage, property rights, business customs, and any other rules and procedures of your government.

Solarus is a locally-owned company and has been serving the Wisconsin Rapids area for over 115 years. We are dedicated to serving and employing members of our community and we want to ensure that the Ho-Chunk Nation is served as best as possible.

Solarus extends this invitation to set up an in-person meeting or conference call with members of your Tribal government at your earliest convenience. Please contact Greg Krings, Director of Finance at 715-421-8129 or [krings@solarus.net](mailto:krings@solarus.net). We look forward to discussing this important issue with you.

Sincerely,

A handwritten signature in black ink that reads "Greg Krings". The signature is written in a cursive, flowing style.

Greg Krings

**FCC Form 481 – Line 1210 Lifeline Service Terms & Conditions**

**SAC:** 330974  
**State:** WI  
**Name:** Wood County Telephone Company  
**Submission:** 10/15/2013

Wood County Telephone Company offers Lifeline service to qualifying subscribers.

- Qualifying subscribers receive Lifeline credits totaling **\$10.00** (\$9.25 via the federal Low Income program, plus \$0.75 via the Wisconsin Universal Service Fund) against the regular **\$14.58** monthly rate for single user residential local telephone service. Qualifying Tribal members may receive larger credits that bring their monthly local service rate down to \$1.00 under the FCC's Enhanced Lifeline program, and pay no initial local service installation charge under the FCC's Enhanced Link-up program.
- Lifeline benefits are limited to one per qualifying household, and for service received from a single provider.
- Number of Local Minutes Provided: Unlimited local calling.
- Additional Charges for Toll Calls: Toll calls are billed at carriers' standard rates.

Lifeline eligibility requires that income be no higher than 135% of the federal Poverty Guideline level, and/or participation in at one of the following programs, verified at least once each year:

- Wisconsin Works (W2)
- Medical Assistance (MA)/Badger Care/Medicaid
- Supplemental Security Income (SSI)
- Food Stamps (SNAP)
- Low Income Home Energy Assistance Program (LIHEAP)
- Wisconsin Homestead Tax Credit (Schedule H)
- Temporary Assistance for Needy Families (TANF)
- Tribally-Administered Temporary Assistance for Needy Families (TTANF)
- Bureau of Indian Affairs General Assistance
- Federal Public Housing Assistance (FPHA)/Section 8
- National School Lunch – Free Lunch Program
- Head Start (if income eligibility criteria are met)

Wood County Telephone Company's local tariff Terms and Conditions for Lifeline Service and residential local rate page are attached.

Exchange Tariff - PSCW

Section 2  
 Sheet No. 2  
 Amendment No. 165

WOOD COUNTY TELEPHONE COMPANY  
 GENERAL RULES AND REGULATIONS  
 LIFELINE PROGRAM<sup>1</sup>

A. Description

Lifeline is a program designed to provide telephone service at a monthly discounted rate to low income customers, as defined in s. PSC 160.02(8), Wis. Adm. Code. Lifeline rates are established according to s. PSC 160.062(1), (2) and (3), Wis. Adm. Code and are available to all qualified low-income customers.

B. Regulations

The Lifeline Program is available only to qualifying low-income residential customers with a single telephone line per household.

Customers may not be disconnected from Lifeline service for non-payment of toll charges.

If toll blocking is available and the customer has voluntarily elected toll blocking, a service deposit may not be collected to initiate Lifeline service.

If toll blocking is not available, the qualifying low-income customer may be charged a service deposit for initiation of Lifeline service.

Participation in the specified programs must be verified by the telephone company through the Wisconsin Department of Workforce Development (DWD), or the Wisconsin Department of Revenue.

Customers shall complete and remit any query authorization forms or forfeit eligibility. Verification of eligibility will be deemed to be the finding of the Social Security Number (SSN) and name of the listed customer in the active records of DWD for at least one of the specified income assistance programs, or to be a recipient of the Wisconsin homestead tax credit in the past year. Eligibility confirmation through receipt of the Wisconsin homestead tax credit will not become effective until the PSCW acknowledges an acceptable data base query process is in place.

Credits will appear on an eligible customer's bill on the bill date next following the date of application for the Lifeline Program. In cases where a customer's eligibility date as found in DWD records or the records of the Wisconsin Department of Revenue precedes the last bill date prior to application, credit will also be given on one month's prior bill.

Issue \_\_\_\_\_ Applicable to bills rendered on and after \_\_\_\_\_

PSCW Authorization by order No. \_\_\_\_\_ file # \_\_\_\_\_



Exchange Tariff – PSCW

Section 2  
 Sheet No. 3  
 Amendment No. 190

WOOD COUNTY TELEPHONE COMPANY  
 GENERAL RULES AND REGULATIONS  
 LIFELINE PROGRAM

B. Regulations (Cont'd)

Except in cases where a customer's qualifying income assistance programs includes LIEAP or the Wisconsin homestead tax credit, eligibility for the Lifeline Program will continue until the bill date next following a failure to find the customer's SSN in the DWD records.

When LIEAP is one of the customer's qualifying income assistance programs, the Lifeline assistance will continue until the bill date in December next following the close of the heating season. At that time, lack of eligibility will be reverified by the Company before removing the Lifeline assistance from the customer's bill.

When the homestead tax credit is one of the customer's qualifying income assistance programs, the eligibility for Lifeline assistance continues until the bill date in the next June following the end of the tax year. At that time, lack of eligibility will be reverified by the Company before removing the Lifeline assistance from the customer's bill.

The Lifeline Program is not available to customers who are dependents for Federal income tax purposes as defined in 26 U.S.C. Section 152 (1986) Unless the customer is more than 60 years of age.

C. Rates

Lifeline Service monthly credit

The Lifeline Service monthly credit is \$10.00.

(I)



Exchange Tariff - PSCW

Section 2  
 Sheet No. 4  
 Amendment No. 165

WOOD COUNTY TELEPHONE COMPANY  
 GENERAL RULES AND REGULATIONS  
 LIFELINE PROGRAM<sup>1</sup>

C. Rates Cont'd)

- (ii) to discontinue or modify the conditions under which the services described herein are provided; and
- (iii) to modify the rates, tolls and charges for the services described herein, effective as of the date such services are provided;

based on any declaratory ruling by the Public Service Commission or any decision by court of appropriate jurisdiction reviewing the Commission's declaratory ruling or the validity and application of Wis. Adm. Code Ch. PSC 160.

Issue \_\_\_\_\_ Applicable to bills rendered on and after \_\_\_\_\_

PSCW Authorization by order No. \_\_\_\_\_ file # \_\_\_\_\_

Exchange Tariff – PSCW

Section 1  
 Sheet No. 1  
 Amendment No. 616

WOOD COUNTY TELEPHONE COMPANY  
 TELEPHONE RATE FILE  
 WISCONSIN RAPIDS, PORT EDWARDS, NEKOOSA AND RUDOLPH  
 EXCHANGE RATES

Base Rate Service:	<u>Monthly Rate</u>	<u>State USF Assessment</u>	
Business Access Line -			
One-Party	\$27.55	\$0.60	(I)
One-Party (24-month Term)	ICB	0.60	
One-Party (36-month Term)	ICB	0.60	
One-Party (60-month Term)	ICB	0.60	
Key System Line (Multi-line)	\$33.14	\$0.60	(I)
Key System Line (Multi-line) <sup>1</sup> (24-month Term)	ICB	0.60	
Key System Line (Multi-line) <sup>1</sup> (36-month Term)	ICB	0.60	
Key System Line (Multi-line) <sup>1</sup> (60-month Term)	ICB	0.60	
PBX Trunk	\$45.94		(I)
PBX Trunk <sup>1</sup> (24-month Term)	ICB		
PBX Trunk <sup>1</sup> (36-month Term)	ICB		
PBX Trunk <sup>1</sup> (60-month Term)	ICB		
Residence Access Line -			
One-Party	\$14.58	\$0.60	(I)
One-Party Key Pushbutton Line (Multi-line)	13.49		(I)
One-Party Key Pushbutton Line (Grouped)	14.49		(I)

Note 1 – Term pricing applies to purchase on a business accounts of 3 or more lines/trunks.

The State USF Assessment applicable per IBN line, as described in Individual Contract Services, Section 25 Sheet 1, is \$0.60.

- \* The monthly rate, including Federal and State taxes, are not applicable for the second exchange line when the second exchange line is requested by hearing-impaired Customers to use Two Line Voice Carryover as defined in the Wis. Admin. Code PSC 160.02 (12).

Switching Service:\*

Each switched line \$7.00

\*Applicable to Central State Telephone Company's Cranmoor customers only.

Rates in this tariff apply for any other services offered to switcher Customers if not specifically covered in an agreement.

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Issue \_\_\_\_\_ Applicable to bills rendered on and after 6-28-13  
 PSCW Authorization by order no. \_\_\_\_\_

**REDACTED – FOR PUBLIC INSPECTION**

**WOOD COUNTY TELEPHONE COMPANY (SAC 330974)**

**ATTACHMENT - LINE 3017**

**ATTACHMENT REDACTED IN ENTIRETY**